

**OFFICE OF TOM J. BORDONARO, JR., COUNTY ASSESSOR**

For Assessor's Use Only

County Government Center, Room 100  
San Luis Obispo, CA 93408-2070  
(805) 781-5643 FAX: (805) 781-5641  
Web site: www.slocoassr.net

OWNER'S NAME AND ADDRESS  
(Please make corrections if necessary)

**BOAT SURVEY RECORD****THIS IS NOT A PUBLIC DOCUMENT**

*This demand is made in accordance with Section 441 of the Revenue and Taxation Code. This statement must be completed in detail and filed with the San Luis Obispo County Assessor's Office on or before \_\_\_\_\_.*

**Important Notice:** Failure to complete and return this form within the prescribed time will result in an estimated assessed value, and a tax bill issued in your name for this boat.

**If this boat has been sold, traded or removed from San Luis Obispo County please complete this section:**

SOLD TO: \_\_\_\_\_ SALE PRICE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF SALE: \_\_\_\_\_  
NEW LOCATION: \_\_\_\_\_

**If you still own, control or possess this boat, please complete this section:**

LOCATION WHERE BOAT IS PRINCIPALLY KEPT: \_\_\_\_\_  
BOAT NUMBER CF: \_\_\_\_\_ BOAT NAME: \_\_\_\_\_  
BOAT USE: ☐ PLEASURE ☐ COMMERCIAL ☐ LIVERY  
PURCHASE PRICE OF BOAT AND MOTOR(S): \$ \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
BUILDER: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_ LENGTH: \_\_\_\_\_  
TYPE: \_\_\_\_\_ HULL MATERIAL: \_\_\_\_\_  
CONDITION OF BOAT: ☐ GOOD ☐ AVERAGE ☐ POOR If poor, describe in remarks.  
Engine (s): NO. 1 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ HP: \_\_\_\_\_ Electric start? ☐ Yes ☐ No  
Engine (s): NO. 2 MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ HP: \_\_\_\_\_ Electric start? ☐ Yes ☐ No  
TYPE DRIVE: \_\_\_\_\_ INBOARD \_\_\_\_\_ IN/OUT \_\_\_\_\_ OUTBOARD \_\_\_\_\_  
ADDITIONAL EQUIPMENT: \_\_\_\_\_

**REMARKS: (Include all information you feel is pertinent to this assessment)** \_\_\_\_\_

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.*

PRINT NAME

DATE

SIGNATURE

TELEPHONE NO. (8:00 a.m. - 5:00 p.m.)

**ASSESSOR'S USE**

V \_\_\_\_\_ FV \_\_\_\_\_

CODE \_\_\_\_\_ TC \_\_\_\_\_

APPR # \_\_\_\_\_ Date \_\_\_\_\_

Posted \_\_\_\_\_ Date \_\_\_\_\_